

Editorial

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Mental health, care and management of the mentally ill

Mental and physical health are closely related; it is considered that no health exists without mental health.

According to the World Health Organization (WHO), a significant number of individuals in the general population can develop mental disorders, conditions which affect their personal, familial and social life and constitute an important cause of impairment. It is currently considered that almost one in four Europeans is suffering from a form of mental illness each year. Most frequently is unipolar depression, followed by alcohol use disorders, schizophrenia, bipolar disorder and dementia. The WHO list, also, mentions loss of hearing in adults and AIDS, which are frequently accompanied by psychological problems. If we also consider that some car accidents may probably be suicidal attempts, then the spectrum of conditions which are related to psychiatric reasons and can lead to disability is really wide.

In the European Union the cost for mental health is estimated in the range of 3–4% of the Gross National Product mainly, due to decreased productivity of patients, while mental disorders are considered as a major cause of early retirement. It is estimated that in 2020 depression, which today ranks in the fourth position of all diseases, will be the most frequent cause of morbidity in the developed world.

Psychiatrists are usually the physicians who are responsible for the management of individuals with major mental disorders (schizophrenia and bipolar disorder).

Regarding schizophrenia, in the last decades psychiatry has focused its interest on the so-called “positive” symptoms. Today, however, it is considered that, apart from the positive symptoms, clinical evaluation should also take into consideration a broader scope of symptomatology including “negative” symptoms, cognitive deficits and symptoms related to mood. Institutionalization was in the past the usual outcome for the mentally ill. Nowadays, effective drug treatments and the great progress in social psychiatry with rehabilitation programs, day hospitals and intermediate therapeutic units has led to a dramatic improvement of the management of mental illness.

Psychopharmacology, already more than 50 years after the discovery of chlorpromazine, still remain the indispensable first treatment choice, while very important is also the contribution of psychological interventions and psychoeducation of patients and their relatives towards the more efficacious management of mental disorders. Extrapyramidal symptoms were considered as the main problem of the first generation antipsychotics, while second generation antipsychotics, which are mainly used today, have a different side-effect profile, related usually to weight gain and metabolic disorders. In the meanwhile, patients and their relatives are much more informed regarding the symptomatology, prevention and treatment of mental disorders.

The growing importance which is attached to doctor – patient relationship in the everyday clinical practice contributes to better compliance with treatment, while the quality of life of the patient is increasingly being considered as a main target of treatment. The establishment of Psychiatric Units in General Hospitals has provided the possibility of collaboration between physicians of different specialties and has contributed to the destigmatization of mental illness and to the recognition of the importance of consultation– liaison psychiatry. It must, however, be noted that despite the fact that the stigma associated with mental illness has been blunted, it unfortunately still exists in the society.

Finally, the efforts made by academic psychiatry for the integration of new data in the education of the psychiatric residents, in the frame of the “biopsychosocial model” of management of the mentally ill, must be emphasized.

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